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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)Attorney Docket  
Number

06-1665

First Named Inventor

Dmitry Dmitrievich GENKIN

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method for treating oncological, virulent and somatic diseases, method for controlling treatment efficiency, pharmaceutical agents and composition for carrying out said treatment

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/RU2004/000304	RU	07/14/2003	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	<input checked="" type="checkbox"/>	The address associated with Customer Number:	33055	OR	<input checked="" type="checkbox"/>	Correspondence address below
Name Patent, Copyright & Trademark Law Group, LLC						
Address 137 South Main Street, Ste. 202						
City Akron			State OH		ZIP 44308	
Country US		Telephone 330-253-5678		Email johnh@pctlawgroup.com		
<b>WARNING:</b>						
<p>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.</p> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>						
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Dmitry Dmitrievich				Family Name or Surname GENKIN		
Inventor's Signature  <i>SEE ATTACHED</i>					Date	
Residence: City Saint-Petersburg	State Konstantinovsky pr.	Country RU		Citizenship RU		
Mailing Address d.26, kv. 1						
City Saint-Petersburg	State Konjstantinovsky pr.	Zip 197110		Country RU		
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.						

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:	<input checked="" type="checkbox"/> The address associated with Customer Number: <b>33055</b>	OR	<input checked="" type="checkbox"/> Correspondence address below
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Name  
**Patent, Copyright & Trademark Law Group, LLC**

Address  
**137 South Main Street., Ste. 202**

City <b>Akron</b>	State <b>OH</b>	ZIP <b>44308</b>
----------------------	--------------------	---------------------

Country <b>US</b>	Telephone <b>330-253-5678</b>	Email <b>Johng@pctlawgroup.com</b>
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**WARNING:**

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name (first and middle (if any)) <b>Dmitry Dmitrievich</b>	Family Name or Surname <b>GENKIN</b>

Inventor's Signature 	Date <b>01.11.2006</b>
---	---------------------------

Residence: City <b>Saint-Petersburg</b>	State <b>Saint-Petersburg</b>	Country <b>RU</b>	Citizenship <b>RU</b>
--	----------------------------------	----------------------	--------------------------

Mailing Address  
**Konstantinovskiy pr., d.26, kv.1**

City <b>Saint-Petersburg</b>	State <b>Saint-Petersburg</b>	Zip <b>197110</b>	Country <b>RU</b>
---------------------------------	----------------------------------	----------------------	----------------------

☒ Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

<b>Application Number</b>	
<b>Filing Date</b>	
<b>First Named Inventor</b>	Dmitry Dmitrievich GENKIN
<b>Title</b>	Method for treating diseases associ
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	06-1663

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

33055

OR

☒ Practitioner(s) named below:

Name	Registration Number
John D. Gugliotta	36538

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

33055

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Patent, Copyright & Trademark Law Group, LLC			
Address	137 S. Main Street, Ste. 202			
City	Akron	State	OH	Zip 44308
Country	US			
Telephone	330-253-5678	Email	johnng@pctlawgroup.com	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Signature	<i>CBE ATTACHED</i>	Date	
Name	Viktor Veniaminovich TETS	Telephone	
Title and Company	Co-inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Dmitry Dmitriyevich GENKIN
Title	Method for Treating Oncological
Art Unit	
Examiner Name	
Attorney Docket Number	06-1665

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

33055

☒ OR  
Practitioner(s) named below:

Name	Registration Number
John D. Gugliotta	36538

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Address 137 S. Main Street, Ste. 202

City Akron State OH Zip 44308

Country US

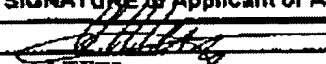
Telephone 330-253-3678 Fax 330-253-6658

I am the:

☒ Applicant/Inventor,

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	01.11.06.
Name	Viktor Vanlaninovich TETS	Telephone	
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. (DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450)

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Dmitry Dmitrievich GENKIN
Title	Method for Treating Otolaryngeal
Art Unit	
Examiner Name	
Attorney Docket Number	06-1665

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer  
 Number:

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☒ OR  
 Practitioner(s) named below:

Name	Registration Number
John D. Cugliotta	36538

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The address associated with Customer Number

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OR

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Address	137 S. Main Street, Ste. 202				
City	Akron	State	OH	Zip	44308
Country	US				
Telephone	330-253-5678	Fax	330-253-6658		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Signature		Date	01-11-2006
Name	Dmitry Dmitrievich GENKIN	Telephone	
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ Total of 3 forms are submitted.

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

<b>Application Number</b>	
<b>Filing Date</b>	
<b>First Named Inventor</b>	Dmitry Dmitrievich GENKIN
<b>Title</b>	Method for treating diseases associ
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	06-1663

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Practitioner(s) named below:

Name	Registration Number
John D. Gugliotta	36538

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Address	137 S. Main Street, Ste. 202			
City	Akron	State	OH	Zip 44308
Country	US			
Telephone	330-253-5678	Email	johnng@pctlawgroup.com	

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Signature	SEE ATTACHED	Date	
Name	Georgy Viktorovich TETS	Telephone	
Title and Company	Co-inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Dmitry Dmitrievich GENKIN
Title	Method for Treating Oncological
Art Unit	
Examiner Name	
Attorney Docket Number	86-1665

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer  
Number:

33055

☒ OR  
Practitioner(s) named below:

Name	Registration Number
John D. Gugliotta	56538

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☒ The address associated with Customer Number:

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OR


<input checked="" type="checkbox"/> Firm or	Patent, Copyright & Trademark Law Group, P.C.				
Address	137 S. Main Street, Ste. 201				
City	Akron	State	OH	Zip	44308
Country	US				
Telephone	330-253-5678	Fax	330-253-6658		

I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

## **SIGNATURE of Applicant or Assignee of Record**

Signature		Date	01. 11. 2006
Name	George Viktorovich TETS	Telephone	
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ Total of 3 forms are submitted.

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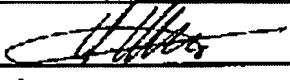
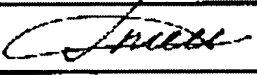
**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 2 of 2

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Viktor Veniaminovich		Tets	
Inventor's Signature <b>SEE ATTACHED</b>			Date
Saint-Petersburg Residence: City	ul. Lensoveta State	RU Country	RU Citizenship
d. 13, kv. 41			
Mailing Address			
Saint-Petersburg City	ul. Lensoveta State	19066 Zip	RU Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Georgy Viktorovich		Tets	
Inventor's Signature <b>SEE ATTACHED</b>			Date
Saint-Petersburg Residence: City	ul. Pushkinskaya State	RU Country	RU Citizenship
d.13, kv.41			
Mailing Address			
Saint-Petersburg City	ul. Pushkinskaya State	191025 Zip	RU Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 2 of 2

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Viktor Veniaminovich		TETS	
Inventor's Signature 		Date 01.11.2006	
Saint-Petersburg	Saint-Petersburg	RU	RU
Residence: City	State	Country	Citizenship
ul.Lensoveta, d.27, kv.95			
Mailing Address			
Saint-Petersburg	Saint-Petersburg	196066	RU
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Georgy Viktorovich		TETS	
Inventor's Signature 		Date 01.11.2006	
Saint-Petersburg	Saint-Petersburg	RU	RU
Residence: City	State	Country	Citizenship
ul.Pushkinskaya, d.13, kv.41			
Mailing Address			
Saint-Petersburg	Saint-Petersburg	191025	RU
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.89. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-788-9199) and select option 2.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Dmitry Dmitrievich GENKIN
Title	Method for treating diseases associ
Art Unit	
Examiner Name	
Attorney Docket Number	06-1663

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

33055

OR

☒ Practitioner(s) named below:

Name	Registration Number
John D. Gugliotta	36538

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

33055

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Patent, Copyright & Trademark Law Group, LLC			
Address	137 S. Main Street, Ste. 202			
City	Akron	State	OH	Zip 44308
Country	US			
Telephone	330-253-5678	Email	johng@pctlawgroup.com	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	SEE ATTACHED	Date	
Name	Dmitry Dmitrievich GENKIN	Telephone	
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9(f) AND 1.27 (b)) - INDEPENDENT INVENTOR**

Docket No.  
06-1665

Application No.

Filing Date

Patent No.

Issue Date

Applicant/ **Dmitry Dmitrievich GENKIN et al.**  
Patentee:

Invention: **Method for Treating Oncological, Virulent and Somatic Diseases, Method for Controlling Treatment  
Efficiency, Pharmaceutical Agents and Composition for Carrying Out Said Treatment**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled above and described in:

- ☒ the specification to be filed herewith.  
☐ the application identified above.  
☐ the patent identified above.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ No such person, concern or organization exists.  
☐ Each such person, concern or organization is listed below.

**\*NOTE:** Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27)

FULL NAME  
ADDRESS

- ☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME  
ADDRESS

- ☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME  
ADDRESS

- ☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME  
ADDRESS

- ☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR Dmitry Dmitrievich GENKIN

SIGNATURE OF INVENTOR SEE ATTACHED

DATE:

NAME OF INVENTOR Viktor Veniaminovich TETS

SIGNATURE OF INVENTOR SEE ATTACHED

DATE:

NAME OF INVENTOR Georgy Victorovich TETS

SIGNATURE OF INVENTOR SEE ATTACHED

DATE:

NAME OF INVENTOR

SIGNATURE OF INVENTOR

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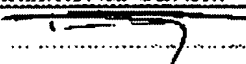


NAME OF INVENTOR

SIGNATURE OF INVENTOR

DATE:

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.015)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR	<u>Dmitry Dmitriyevich GENKIN</u>	DATE	<u>01.11.2006</u>
SIGNATURE OF INVENTOR			
NAME OF INVENTOR	<u>Viktor Veniaminovich TETS</u>	DATE	<u>01.11.2006</u>
SIGNATURE OF INVENTOR			
NAME OF INVENTOR	<u>Georgy Viktorovich TETS</u>	DATE	<u>01.11.2006</u>
SIGNATURE OF INVENTOR			
NAME OF INVENTOR	<u></u>	DATE	<u></u>
SIGNATURE OF INVENTOR	<u></u>		
NAME OF INVENTOR	<u></u>	DATE	<u></u>
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